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ABSTRACT

Anxiey, in general, helps one to cope. It rouses a person to action and gears one up to face a threatening situation. It makes students study harder for exams, and keeps presenters on their toes when making speeches. But an anxiety disorder can prevent one from coping and can disrupt daily life. Anxiety disorders are not just a case of "nerves," they are illnesses, often related to biological makeup and life experiences of the individual, and they frequently run in families. This pamphlet was produced in order to help laypersons understand anxiety disorders, and to explain the role of research in conquering anxiety and other mental disorders. There are several types of anxiety disorders, each with its own distinct features. This brochure offers brief explanations of generalized anxiety disorder, panic disorder (which is sometimes accompanied by agoraphobia), specific phobias, obsessive-compulsive disorder, and post-traumatic stress disorder. Information on treatment and how to get help for anxiety disorders is provided, along with 11 additional sources of information. (JBJ)

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Anxiety Disorders

National Institute of Mental Health

Decade of the Brain

ED 398 505

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National Institute of Mental Health

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Message from the National Institute of Mental Health

Research conducted and supported by the National Institute of Mental Health brings hope to millions of people who suffer from mental illness and to their families and friends. In many years of work with animal as well as human subjects, researchers have advanced our understanding of the brain and vastly expanded the capability of mental health professionals to diagnose, treat, and prevent mental and brain disorders.

Now, in the 1990s, which the President and Congress have declared the "Decade of the Brain," we stand at the threshold of a new era in brain and behavioral sciences. Through research, we will learn even more about mental and brain disorders such as anxiety disorders, depression, bipolar disorder, and schizophrenia. And we will be able to use this knowledge to develop new therapies that can help more people overcome mental illness.

The National Institute of Mental Health is part of the National Institutes of Health (NIH), the Federal Government's primary agency for biomedical and behavioral research. NIH is a component of the U.S. Department of Health and Human Services.

Anxiety Disorders

Everybody knows what it's like to feel anxious—the butterflies in your stomach before a first date, the tension you feel when your boss is angry, the way your heart pounds if you're in danger. Anxiety rouses you to action. It gears you up to face a threatening situation. It makes you study harder for that exam, and keeps you on your toes when you're making a speech. In general, it helps you cope.

But if you have an *anxiety disorder*, this normally helpful emotion can do just the opposite—it can keep you from coping and can disrupt your daily life. Anxiety disorders aren't just a case of "nerves." They are illnesses, often related to the biological makeup and life experiences of the individual, and they frequently run in families. There are several types of anxiety disorders, each with its own distinct features.

An anxiety disorder may make you feel anxious most of the time, without any apparent reason. Or the anxious feelings may be so uncomfortable that to avoid them you may stop some everyday activities. Or you may have occasional bouts of anxiety so intense they terrify and immobilize you.

At the National Institute of Mental Health (NIMH), the Federal agency that conducts and supports research related to mental disorders, mental health, and the brain, scientists are learning more and more about the nature of anxiety disorders, their causes, and how to alleviate them.

Many people misunderstand these disorders and think individuals should be able to overcome the symptoms by sheer willpower. Wishing the symptoms away does not work—but there are treatments that can help. That's why NIMH has produced this pamphlet—to help you understand these conditions, describe their treatments, and explain the role of research in conquering anxiety and other mental disorders.

This brochure gives brief explanations of generalized anxiety disorder, panic disorder (which

is sometimes accompanied by agoraphobia), specific phobias, social phobias, obsessive-compulsive disorder, and post-traumatic stress disorder. More detailed information on some of these anxiety disorders is available through NIMH or other sources. (See the listings at the end of this pamphlet.)

Generalized Anxiety Disorder

I always thought I was just a worrier. I'd feel keyed up and unable to relax. At times it would come and go, and at times it would be constant. It could go on for days. I'd worry about what I was going to fix for a dinner party, or what would be a great present for somebody. I just couldn't let something go.

I'd have terrible sleeping problems. There were times I'd wake up wired in the morning or in the middle of the night. I had trouble concentrating, even reading the newspaper or a novel. Sometimes I'd feel a little lightheaded. My heart would race or pound. And that would make me worry more.

Generalized Anxiety Disorder (GAD) is much more than the normal anxiety people experience day to day. It's chronic and exaggerated worry and tension, even though nothing seems to provoke it. Having this disorder means always anticipating disaster, often worrying excessively about health, money, family, or work. Sometimes, though, the source of the worry is hard to pinpoint. Simply the thought of getting through the day provokes anxiety.

People with GAD can't seem to shake their concerns, even though they usually realize that their anxiety is more intense than the situation warrants. People with GAD also seem unable to relax. They often have trouble falling or staying asleep. Their worries are accompanied by

Depression

Depression often accompanies anxiety disorders and, when it does, it needs to be treated as well. The feelings of sadness, apathy, or hopelessness, changes in appetite or sleep, and difficulty concentrating that often characterize depression can be effectively treated with antidepressant medications, or, depending on their severity, by psychotherapy. Some people respond best to a combination of medication and psychotherapy. Treatment can help the majority of people with depression.

physical symptoms, especially trembling, twitching, muscle tension, headaches, irritability, sweating, or hot flashes. They may feel lightheaded or out of breath. They may feel nauseated or have to go to the bathroom frequently. Or they might feel as though they have a lump in the throat.

Many individuals with GAD startle more easily than other people. They tend to feel tired, have trouble concentrating, and sometimes suffer depression, too.

Usually the impairment associated with GAD is mild and people with the disorder don't feel too restricted in social settings or on the job. Unlike many other anxiety disorders, people with GAD don't characteristically avoid certain situations as a result of their disorder. However, if severe, GAD can be very debilitating, making it

difficult to carry out even the most ordinary daily activities.

GAD comes on gradually and most often hits people in childhood or adolescence, but can begin in adulthood, too. It's more common in women than in men and often occurs in relatives of affected persons. It's diagnosed when someone spends at least 6 months worried excessively about a number of everyday problems.

Having GAD means always anticipating disaster, often worrying excessively about health, money, family, or work. Worries are often accompanied by physical symptoms like trembling, muscle tension, and nausea.

In general, the symptoms of GAD seem to diminish with age. Successful treatment may include a medication called buspirone. Research into the effectiveness of other medications, such as benzodiazepines and antidepressants, is ongoing. Also useful are cognitive-behavioral therapy, relaxation techniques, and biofeedback to control muscle tension.

Panic Disorder

It started 10 years ago. I was sitting in a seminar in a hotel and this thing came out of the clear blue. I felt like I was dying.

For me, a panic attack is almost a violent experience. I feel like I'm going insane. It makes me feel like I'm losing control in a very extreme way. My heart pounds really hard, things seem unreal, and there's this very strong feeling of impending doom.

In between attacks there is this dread and anxiety that it's going to happen again. It can be very debilitating, trying to escape those feelings of panic.

Panic Attack Symptoms

- Pounding heart
- Chest pains
- Lightheadedness or dizziness
- Nausea or stomach problems
- Flushes or chills
- Shortness of breath or a feeling of smothering or choking
- Tingling or numbness
- Shaking or trembling
- Feelings of unreality
- Terror
- A feeling of being out of control or going crazy
- Fear of dying
- Sweating

People with panic disorder have feelings of terror that strike suddenly and repeatedly with no warning. They can't predict when an attack will occur, and many develop intense anxiety between episodes, worrying when and where the next one will strike. In between times there is a persistent, lingering worry that another attack could come any minute.

When a panic attack strikes, most likely your heart pounds and you may feel sweaty, weak, faint, or dizzy. Your hands may tingle or feel numb, and you might feel flushed or chilled. You may have chest pain or smothering sensations, a sense of unreality, or fear of impending doom or loss of control. You may

genuinely believe you're having a heart attack or stroke, losing your mind, or on the verge of death. Attacks can occur any time, even during nondream sleep. While most attacks average a couple of minutes, occasionally they can go on for up to 10 minutes. In rare cases, they may last an hour or more.

You may genuinely believe you're having a heart attack, losing your mind, or on the verge of death. Attacks can occur any time, even during nondream sleep.

Panic disorder strikes at least 1.6 percent of the population and is twice as common in women as in men. It can appear at any age—in children or in the elderly—but most often it begins in young adults. Not everyone who experiences panic attacks will develop panic disorder—for example, many people have one attack but never have another. For those who do have panic disorder, though, it's important to seek treatment. Untreated, the disorder can become very disabling.

Panic disorder is often accompanied by other conditions such as depression or alcoholism, and may spawn phobias, which can develop in places or situations where panic attacks have occurred. For example, if a panic attack strikes while you're riding an elevator, you may develop a fear of elevators and perhaps start avoiding them.

Some people's lives become greatly restricted—they avoid normal, everyday activities such as grocery shopping, driving, or in some cases even leaving the house. Or, they may be able to confront a feared situation only if accompanied by a spouse or other trusted person.

Basically, they avoid any situation they fear would make them feel helpless if a panic attack occurs. When people's lives become so restricted by the disorder, as happens in about one-third of all people with panic disorder, the condition is called *agoraphobia*. A tendency toward panic disorder and agoraphobia runs in families. Nevertheless, early treatment of panic disorder can often stop the progression to agoraphobia.

Studies have shown that proper treatment—a type of psychotherapy called cognitive-behavioral therapy, medications, or possibly a combination of the two—helps 70 to 90 percent of people with panic disorder. Significant improvement is usually seen within 6 to 8 weeks.

Cognitive-behavioral approaches teach patients how to view the panic situations differently and demonstrate ways to reduce anxiety, using breathing exercises or techniques to refocus attention, for example. Another technique used in cognitive-behavioral therapy, called exposure therapy, can often help alleviate the phobias that may result from panic disorder. In exposure therapy, people are very slowly exposed to the fearful situation until they become desensitized to it.

Some people find the greatest relief from panic disorder symptoms when they take certain prescription medications. Such medications, like cognitive-behavioral therapy, can help to prevent panic attacks or reduce their frequency and severity. Two types of medications that have been shown to be safe and effective in the treatment of panic disorder are antidepressants and benzodiazepines.

Phobias

Phobias occur in several forms. A *specific phobia* is a fear of a particular object or situation. *Social phobia* is a fear of being painfully embarrassed in a social setting. And *agoraphobia*,

which often accompanies panic disorder, is a fear of being in any situation that might provoke a panic attack, or from which escape might be difficult if one occurred.

Specific Phobias

I'm scared to death of flying, and I never do it anymore. It's an awful feeling when that airplane door closes and I feel trapped. My heart pounds and I sweat bullets. If somebody starts talking to me, I get very stiff and preoccupied. When the airplane starts to ascend, it just reinforces that feeling that I can't get out. I picture myself losing control, freaking out, climbing the walls, but of course I never do. I'm not afraid of crashing or hitting turbulence. It's just that feeling of being trapped. Whenever I've thought about changing jobs, I've had to think, "Would I be under pressure to fly?" These days I only go places where I can drive or take a train. My friends always point out that I couldn't get off a train traveling at high speeds either, so why don't trains bother me? I just tell them it isn't a rational fear.

Many people experience specific phobias, intense, irrational fears of certain things or situations—dogs, closed-in places, heights,

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Phobias aren't just extreme fear; they are irrational fear. You may be able to ski the world's tallest mountains with ease but feel panic going above the 10th floor of an office building.

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escalators, tunnels, highway driving, water, flying, and injuries involving blood are a few of the more common ones. Phobias aren't just extreme fear; they are irrational fear. You may be able to ski the world's tallest mountains with ease but panic going above the 10th floor of an office building. Adults with phobias realize their fears are irrational, but often facing, or even thinking about facing, the feared object or situation brings on a panic attack or severe anxiety.

Specific phobias strike more than 1 in 10 people. No one knows just what causes them, though they seem to run in families and are a little more prevalent in women. Phobias usually first appear in adolescence or adulthood. They start suddenly and tend to be more persistent than childhood phobias; only about 20 percent of adult phobias vanish on their own. When children have specific phobias—for example, a fear of animals—those fears usually disappear over time, though they may continue into adulthood. No one knows why they hang on in some people and disappear in others.

If the object of the fear is easy to avoid, people with phobias may not feel the need to seek treatment. Sometimes, though, they may make important career or personal decisions to avoid a phobic situation.

When phobias interfere with a person's life, treatment can help. Successful treatment usually involves a kind of cognitive-behavioral therapy called desensitization or exposure therapy, in which patients are gradually exposed to what frightens them until the fear begins to fade. Three-fourths of patients benefit significantly from this type of treatment. Relaxation and breathing exercises also help reduce anxiety symptoms.

There is currently no proven drug treatment for specific phobias, but sometimes certain medications may be prescribed to help reduce anxiety symptoms before someone faces a phobic situation.

Social Phobia

I couldn't go on dates or to parties. For a while, I couldn't even go to class. My sophomore year of college I had to come home for a semester.

My fear would happen in any social situation. I would be anxious before I even left the house, and it would escalate as I got closer to class, a party, or whatever. I would feel sick to my stomach—it almost felt like I had the flu. My heart would pound, my palms would get sweaty, and I would get this feeling of being removed from myself and from everybody else.

When I would walk into a room full of people, I'd turn red and it would feel like everybody's eyes were on me. I was too embarrassed to stand off in a corner by myself, but I couldn't think of anything to say to anybody. I felt so clumsy, I couldn't wait to get out.

Social phobia is an intense fear of becoming humiliated in social situations, specifically of embarrassing yourself in front of other people. It often runs in families and may be accompanied by depression or alcoholism. Social phobia often begins around early adolescence or even younger.

If you suffer from social phobia, you tend to think that other people are very competent in public and that you are not. Small mistakes you make may seem to you much more exaggerated than they really are. Blushing itself may seem painfully embarrassing, and you feel as though all eyes are focused on you. You may be afraid of being with people other than those closest to you. Or your fear may be more specific, such as feeling anxious about giving a speech, talking to a boss or other authority figure, or dating. The most common social phobia is a fear of public speaking. Sometimes social phobia involves a general fear of social situations such as parties. More rarely it may involve a fear of using a public restroom, eating out, talking on the phone, or writing in the

Treatment for Anxiety Disorders

Many people with anxiety disorders can be helped with treatment. Therapy for anxiety disorders often involves medication or specific forms of psychotherapy.

Medications, although not cures, can be very effective at relieving anxiety symptoms. Today, thanks to research by scientists at NIMH and other research institutions, there are more medications available than ever before to treat anxiety disorders. So if one drug is not successful, there are usually others to try. In addition, new medications to treat anxiety symptoms are under development.

For most of the medications that are prescribed to treat anxiety disorders, the doctor usually starts the patient on a low dose and gradually increases it to the full dose. Every medication has side effects, but they usually become tolerated or diminish with time. If side effects become a problem, the doctor may advise the patient to stop taking the medication and to wait a week—or longer for certain drugs—before trying another one. When treatment is near an end, the doctor will taper the dosage gradually.

Research has also shown that behavioral therapy and cognitive-behavioral therapy can be effective for treating several of the anxiety disorders.

Behavioral therapy focuses on changing specific actions and uses several techniques to decrease or stop unwanted behavior. For example, one technique trains patients in *diaphragmatic breathing,* a special breathing exercise involving slow, deep breaths to reduce anxiety. This is necessary because people who are anxious often hyperventilate, taking rapid shallow breaths that can trigger rapid heartbeat, lightheadedness, and other symptoms. Another technique—*exposure therapy*—gradually exposes patients to what frightens them and helps them cope with their fears.

Like behavioral therapy, cognitive-behavioral therapy teaches patients to react differently to the situations and bodily sensations that trigger panic attacks and other anxiety symptoms. However, patients also learn to understand how their thinking patterns contribute to their symptoms and how to change their thoughts so that symptoms are less likely to occur. This awareness of thinking patterns is combined with exposure and other behavioral techniques to help people confront their feared situations. For example, someone who becomes lightheaded during a panic attack and fears he is going to die can be helped with the following approach used in cognitive-behavioral therapy. The therapist asks him to spin in a circle until he becomes dizzy. When he becomes alarmed and starts thinking, "I'm going to die," he learns to replace that thought with a more appropriate one, such as, "It's just a little dizziness—I can handle it."

presence of other people, such as when signing a check.

Although this disorder is often thought of as shyness, the two are not the same. Shy people can be very uneasy around others, but they don't experience the extreme anxiety in anticipating a social situation, and they don't necessarily avoid circumstances that make them feel self-conscious. In contrast, people with social phobia aren't necessarily shy at all. They can be completely at ease with people most of the time, but particular situations, such as walking down an aisle in public or making a speech, can give them intense anxiety. Social phobia disrupts normal life, interfering with career or social relationships. For example, a worker can turn down a job promotion because he can't give public presentations. The dread of a social event can begin weeks in advance, and symptoms can be quite debilitating.

People with social phobia aren't necessarily shy at all. They can be completely at ease with people most of the time, but in particular situations, they feel intense anxiety.

People with social phobia are aware that their feelings are irrational. Still, they experience a great deal of dread before facing the feared situation, and they may go out of their way to avoid it. Even if they manage to confront what they fear, they usually feel very anxious beforehand and are intensely uncomfortable throughout. Afterward, the unpleasant feelings may linger, as they worry about how they may have been judged or what others may have thought or observed about them.

About 80 percent of people who suffer from social phobia find relief from their

symptoms when treated with cognitive-behavioral therapy or medications or a combination of the two. Therapy may involve learning to view social events differently; being exposed to a seemingly threatening social situation in such a way that it becomes easier to face; and learning anxiety-reducing techniques, social skills, and relaxation techniques.

The medications that have proven effective include antidepressants called MAO inhibitors. People with a specific form of social phobia called performance phobia have been helped by drugs called beta-blockers. For example, musicians or others with this anxiety may be prescribed a beta-blocker for use on the day of a performance.

Obsessive-Compulsive Disorder

I couldn't do anything without rituals. They transcended every aspect of my life. Counting was big for me. When I set my alarm at night, I had to set it to a number that wouldn't add up to a "bad" number. If my sister was 33 and I was 24, I couldn't leave the TV on Channel 33 or 24. I would wash my hair three times as opposed to once because three was a good luck number and one wasn't. It took me longer to read because I'd count the lines in a paragraph. If I was writing a term paper, I couldn't have a certain number of words on a line if it added up to a bad number. I was always worried that if I didn't do something, my parents were going to die. Or I would worry about harming my parents, which was completely irrational. I couldn't wear anything that said Boston because my parents were from Boston. I couldn't write the word "death" because I was worried that something bad would happen.

Getting dressed in the morning was tough because I had a routine, and if I deviated from that routine, I'd have to get dressed again.

I knew the rituals didn't make sense, but I couldn't seem to overcome them until I had therapy.

Obsessive-compulsive disorder is characterized by anxious thoughts or rituals you feel you can't control. If you have OCD, as it's called, you may be plagued by persistent, unwelcome thoughts or images, or by the urgent need to engage in certain rituals.

You may be obsessed with germs or dirt, so you wash your hands over and over. You may be filled with doubt and feel the need to check things repeatedly. You might be preoccupied by thoughts of violence and fear that you will harm people close to you. You may spend long periods of time touching things or counting; you may be preoccupied by order or symmetry; you may have persistent thoughts of performing sexual acts that are repugnant to you; or you may be troubled by thoughts that are against your religious beliefs.

The disturbing thoughts or images are called obsessions, and the rituals that are performed to try to prevent or dispel them are called compulsions. There is no pleasure in carrying out the rituals you are drawn to, only temporary relief from the discomfort caused by the obsession.

A lot of healthy people can identify with having some of the symptoms of OCD, such as checking the stove several times before leaving the house. But the disorder is diagnosed only when such activities consume at least an hour a day, are very distressing, and interfere with daily life.

Most adults with this condition recognize that what they're doing is senseless, but they can't stop it. Some people, though, particularly children with OCD, may not realize that their behavior is out of the ordinary.

OCD strikes men and women in approximately equal numbers and afflicts roughly 1 in 50 people. It can appear in childhood, adolescence, or adulthood, but on the average it first shows up in the teens or early adulthood. A third of adults with OCD experienced their first

The disturbing thoughts or images are called obsessions, and the rituals performed to try to prevent or dispel them are called compulsions. There is no pleasure in carrying out the rituals you are drawn to, only temporary relief from the discomfort caused by the obsession.

symptoms as children. The course of the disease is variable—symptoms may come and go, they may ease over time, or they can grow progressively worse. Evidence suggests that OCD might run in families.

Depression or other anxiety disorders may accompany OCD. And some people with OCD have eating disorders. In addition, they may avoid situations in which they might have to confront their obsessions. Or they may try unsuccessfully to use alcohol or drugs to calm themselves. If OCD grows severe enough, it can keep someone from holding down a job or from carrying out normal responsibilities at home, but more often it doesn't develop to those extremes.

Research by NIMH-funded scientists and other investigators has led to the development of medications and behavioral treatments that can benefit people with OCD. A combination of the two treatments is often helpful for most patients. Some individuals respond best to one therapy, some to another. Two medications that have been found effective in treating OCD are clomipramine and fluoxetine. A number of others are showing promise, however, and may soon be available.

Behavioral therapy, specifically a type called *exposure and response prevention*, has also proven useful for treating OCD. It involves exposing the person to whatever triggers the

problem and then helping him or her forego the usual ritual—for instance, having the patient touch something dirty and then not wash his hands. This therapy is often successful in patients who complete a behavioral therapy program, though results have been less favorable in some people who have both OCD and depression.

Post-Traumatic Stress Disorder

I was raped when I was 25 years old. For a long time, I spoke about the rape on an intellectual level, as though it was something that happened to someone else. I was very aware that it had happened to me, but there just was no feeling. I kind of skidded along for a while.

I started having flashbacks. They kind of came over me like a splash of water. I would be terrified. Suddenly I was reliving the rape. Every instant was startling. I felt like my entire head was moving a bit, shaking, but that wasn't so at all. I would get very flushed or a very dry mouth and my breathing changed. I was held in suspension. I wasn't aware of the cushion on the chair that I was sitting in or that my arm was touching a piece of furniture. I was in a bubble, just kind of floating. And it was scary. Having a flashback can wring you out. You're really shaken.

The rape happened the week before Christmas, and I feel like a werewolf around the anniversary date. I can't believe the transformation into anxiety and fear.

Post-Traumatic Stress Disorder (PTSD) is a debilitating condition that follows a terrifying event. Often, people with PTSD have persistent frightening thoughts and memories of their ordeal and feel emotionally numb, especially with people they were once close to. PTSD, once referred to as shell shock or battle fatigue, was first brought to public attention by war veterans, but it can

result from any number of traumatic incidents. These include kidnapping, serious accidents such as car or train wrecks, natural disasters such as floods or earthquakes, violent attacks such as a mugging, rape, or torture, or being held captive. The event that triggers it may be something that threatened the person's life or the life of someone close to him or her. Or it could be something witnessed, such as mass destruction after a plane crash.

Whatever the source of the problem, some people with PTSD repeatedly relive the trauma in the form of nightmares and disturbing recollections during the day. They may also experience sleep problems, depression, feeling

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Ordinary events can serve as reminders of the trauma and trigger flashbacks or intrusive images. Anniversaries of the event are often very difficult.

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detached or numb, or being easily startled. They may lose interest in things they used to enjoy and have trouble feeling affectionate. They may feel irritable, more aggressive than before, or even violent. Seeing things that remind them of the incident may be very distressing, which could lead them to avoid certain places or situations that bring back those memories. Anniversaries of the event are often very difficult.

PTSD can occur at any age, including childhood. The disorder can be accompanied by depression, substance abuse, or anxiety. Symptoms may be mild or severe—people may become easily irritated or have violent outbursts. In severe cases they may have trouble working or socializing. In general, the symptoms seem to be worse if the event that triggered them was initiated by a person—such as a rape, as opposed to a flood.

Ordinary events can serve as reminders of the trauma and trigger flashbacks or intrusive

images. A flashback may make the person lose touch with reality and reenact the event for a period of seconds or hours or, very rarely, days. A person having a flashback, which can come in the form of images, sounds, smells, or feelings, usually believes that the traumatic event is happening all over again.

Not every traumatized person gets full-blown PTSD, or experiences PTSD at all. PTSD is diagnosed only if the symptoms last more than a month. In those who do have PTSD, symptoms usually begin within 3 months of the trauma, and the course of the illness varies. Some people recover within 6 months, others have symptoms that last much longer. In some cases, the condition may be chronic. Occasionally, the illness doesn't show up until years after the traumatic event.

Antidepressants and anxiety-reducing medications can ease the symptoms of depression and sleep problems, and psychotherapy, including cognitive-behavioral therapy, is an integral part of treatment. Being exposed to a reminder of the trauma as part of therapy—such as returning to the scene of a rape—sometimes helps. And, support from family and friends can help speed recovery.

How to Get Help for Anxiety Disorders

If you, or someone you know, has symptoms of anxiety, a visit to the family physician is usually the best place to start. A physician can help you determine if the symptoms are due to an anxiety disorder, some other medical condition, or both. Most often, the next step to getting treatment for an anxiety disorder is referral to a mental health professional.

Among the professionals who can help are psychiatrists, psychologists, social workers, and counselors. However, it's best to look for a professional who has *specialized training* in cognitive-behavioral or behavioral therapy and who is open to the use of medications, should

Coexisting Conditions

Many people have a single anxiety disorder and nothing else, but it isn't unusual for an anxiety disorder to be accompanied by another illness, such as depression, an eating disorder, alcoholism, drug abuse, or another anxiety disorder. Often people who have panic disorder or social phobia, for example, also experience the intense sadness and hopelessness associated with depression or become dependent on alcohol. In such cases, these problems will need to be treated as well.

they be needed.

Psychologists, social workers, and counselors sometimes work closely with a psychiatrist or other physician, who will prescribe medications when they are required. For some people, group therapy or self-help groups are a helpful part of treatment. Many people do best with a combination of these therapies.

When you're looking for a health care professional, it's important to inquire about what kinds of therapy he or she generally uses or whether medications are available. It's important that you feel comfortable with the therapy. If this is not the case, seek help elsewhere. However, if you've been taking medication, it's important not to quit certain drugs abruptly, but to taper them off under the supervision of your physician. Be sure to ask your physician about how to stop a medication.

Remember, though, that when you find a health care professional you're satisfied with, the two of you are working as a team. Together you will be able to develop a plan to treat your anxiety disorder that may involve medications, behavioral therapy, or cognitive-behavioral therapy, as appropriate. Treatments for anxiety disorders, however, may not start working instantly. Your doctor or therapist may ask you to follow a specific treatment plan for several weeks to determine whether it's working.

NIMH continues its search for new and better treatments for people with anxiety disorders. The Institute supports a sizeable and multifaceted research program on anxiety disorders—their causes, diagnosis, treatment, and prevention. This research involves studies of anxiety disorders in human subjects and investigations of the biological basis for anxiety and related phenomena in animals. It is part of a massive effort to overcome the major mental disorders, an effort that is taking place during the 1990s, which Congress has designated the Decade of the Brain.

For More Information

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Rockville, MD 20852
(301) 231-9350

National Anxiety Foundation
3135 Custer Drive
Lexington, KY 40517-4001
(606) 272-7166

Obsessive Compulsive (OC) Foundation, Inc.
PO Box 70
Milford, CT 06460
(203) 878-5669

American Psychiatric Association
1400 K Street, NW
Washington, DC 20005
(202) 682-6220

American Psychological Association
750 1st Street, NE
Washington, DC 20002-4242
(202) 336-5500

Association for the Advancement
of Behavior Therapy
305 7th Avenue
New York, NY 10001
(212) 647-1890

National Alliance for the Mentally Ill
2101 Wilson Boulevard, Suite 302
Arlington, VA 22201
(800) 950-NAMI (-6264)

National Mental Health Association
1201 Prince Street
Alexandria, VA 22314-2971
(703) 684-7722

National Mental Health Consumers'
Self-Help Clearinghouse
311 South Juniper Street, Suite 1000
Philadelphia, PA 19107
(800) 553-4539

Phobics Anonymous
PO Box 1180
Palm Springs, CA 92263
(619) 322-COPE (-2673)

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Related NIMH Brochures

The following brochures, giving more detailed information on various anxiety disorders and related topics, are available by contacting: NIMH, Room 7C-02, 5600 Fishers Lane, Rockville, MD 20857.

Understanding Panic Disorder
(NIH Pub. No. 93-3482)

Obsessive-Compulsive Disorder
(NIH Pub. No. 94-3755)

Medications (DHHS Pub. No. (ADM) 92-1509)

Plain Talk About Depression
(NIH Pub. No. 94-3561)

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